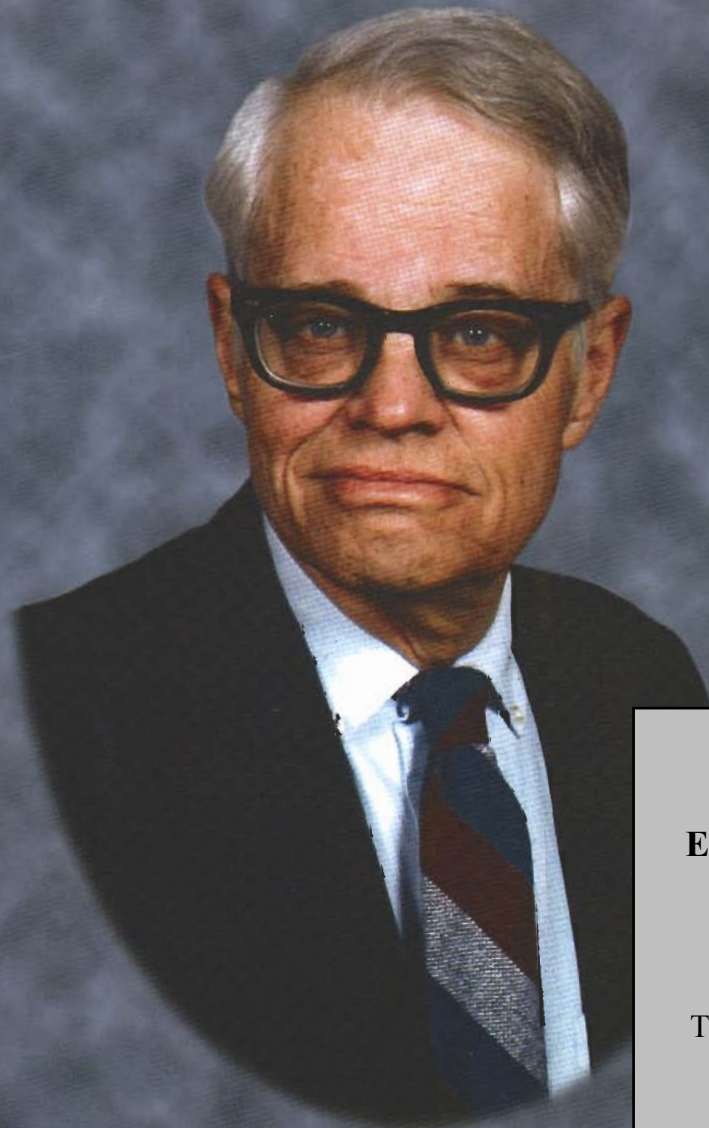


CHIROPRACTIC HISTORY



**The ARCHIVES and JOURNAL of the
ASSOCIATION for the HISTORY of CHIROPRACTIC**

**WALTER I. WARDWELL, PH.D.
1918 - 2005**



**p. 15: Treatment by
Neuropathy and The
Encyclopedia of Physical
and Manipulative
Therapeutics**

**Compiled By
Thomas T. Lake, N. D., D. C.
1946**

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Russell W. Gibbons, Litt.D. (hc)

Thomas T. Lake and Endo-Nasal Therapeutics: Pioneer Medical-Drugless Ecumenism, 1938-1950

RUSSELL W. GIBBONS, Litt. D.(hc)*

Thomas T. Lake (1882 - 1950) was a neuropath and chiropractor who enjoyed an unusual association with allopathic and osteopathic physicians for most of his three decades of practice in the Philadelphia area. He continued the work of two medical educators in that city, John C. Arnold and W. Wallace Fritz, who developed and expanded what was first called Mechano-Neural Therapy and later Neuropathy. He founded the Philadelphia College of Neuropathy to continue Fritz's American College of Neuropathy, founded in 1908. Writing and lecturing on manipulative therapy for eye, ear, nose and throat called Endo-Nasal Therapy, he brought together a diverse group of allopathic and non-allopathic practitioners during and after World War II as the National Endo-Nasal, Aural and Allied Technique Society. Lake was a prolific author, completing four books between 1942 and 1946 on neuropathy, endo-nasal therapy, treatment of the prostate and psychiatry. He also edited a quarterly journal and lectured extensively on Endo-Nasal therapy. While he was accepted by many medical practitioners, Lake's own background is unclear. His work has continued in his books, all of which are in print, and in postgraduate classes offered in at least one chiropractic college. Lake was not only a pioneer in intra-disciplinary cooperation, but he also introduced and left most of the original work in this country on nonmedical EENT during a time when the scope of practice was yet to be fully defined for chiropractic.

This presentation is being made by a layperson with no claims to clinical study or proficiency. The approach will be historical, appropriate for the 110th year of chiropractic, in both the spirit of honoring largely unknown and little-recognized pioneers of the profession, but also in demonstrating that exceptional practitioners surfaced in the turbulence that was much of the story of alternative medicine in America.

Let me begin with my one dubious claim to clinical exposure: sixty years ago about this time I was an unwilling and unwitting patient of the technique which I will trace in this paper -- Endo-Nasal, a manipulative eye, ear, nose and throat procedure which had its American origins in the twilight of the century in Philadelphia. Those who advocated and advanced it were -- appropriately for that city -- of the medical mainline. Its most prominent nonallopathic practitioner, teacher, author and clinician was Thomas T. Lake (1882 - 1950).

One of his students and subsequent Endo-Nasal Technicians was Walter E. Gibbons, D.C. (1898 - 1958), this writer's father. Now, in retrospect, it seems almost

surreal to recall a boy sitting at the end of a hi-low table, waiting while his father (whose practice was otherwise "straight" HIO) to put on a surgical finger cot. All of this was adjacent to the scowling presence of B.J. Palmer in his VanDyke beard looking down from the Palmer School of Chiropractic (PSC) diploma at this pseudo perversion of practice. I recall fixing my return stare on B.J. while awaiting the inevitable -- which was, to the writer, worse than a hundred dentists' drills. What occurred next is told best by Lake in his manual, to be mentioned later.

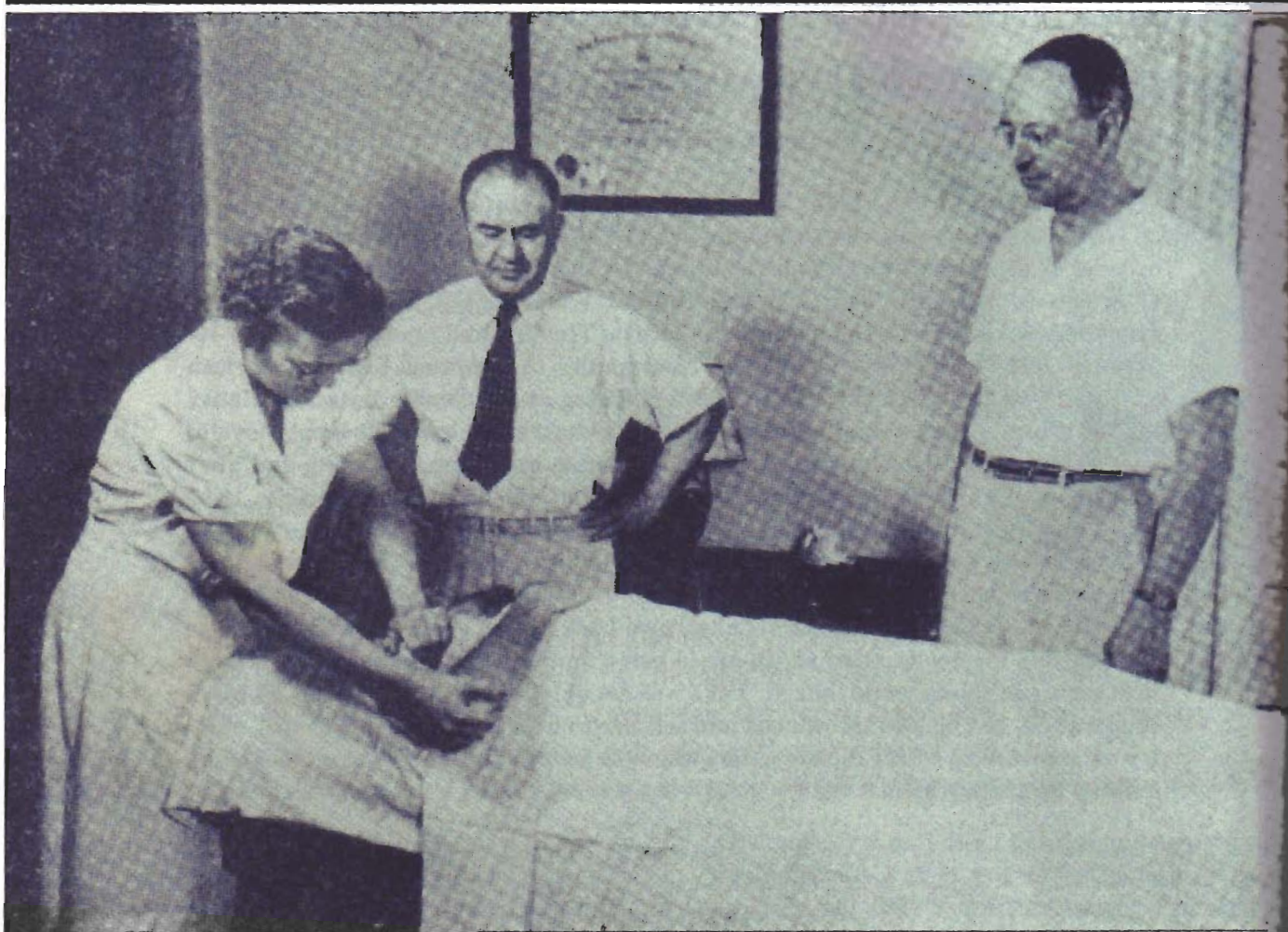
The story of Thomas T. Lake and Endo-Nasal Therapy is one of those little-known yet fascinating accounts of what some would describe as the "medical margin" of chiropractic, that is the practice of a broad scope therapeutics which picked from the sectarian bags of early twentieth century medicine and the dissenting manipulative schools. That these practices did not survive with any particular widespread use may be not at issue. What they did accomplish is to influence the course of what others would define as "rational chiropractic" ([1], [2]) and to provide a body of literature for future clinical and historical scholars to investigate the outer reaches of early manipulative and "drugless" practice.

Lake was the third figure and the second generation of three advocates of what became defined as *neuropa-*

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*Paper delivered at the 24th annual AHC conference in Mexico City, 19 May 2004.



*Draining the auxiliary lymphatics and nodes.
From Thomas T. Lake, Treatment by Neuropathy, Philadelphia, 1946 (Lake in center).*

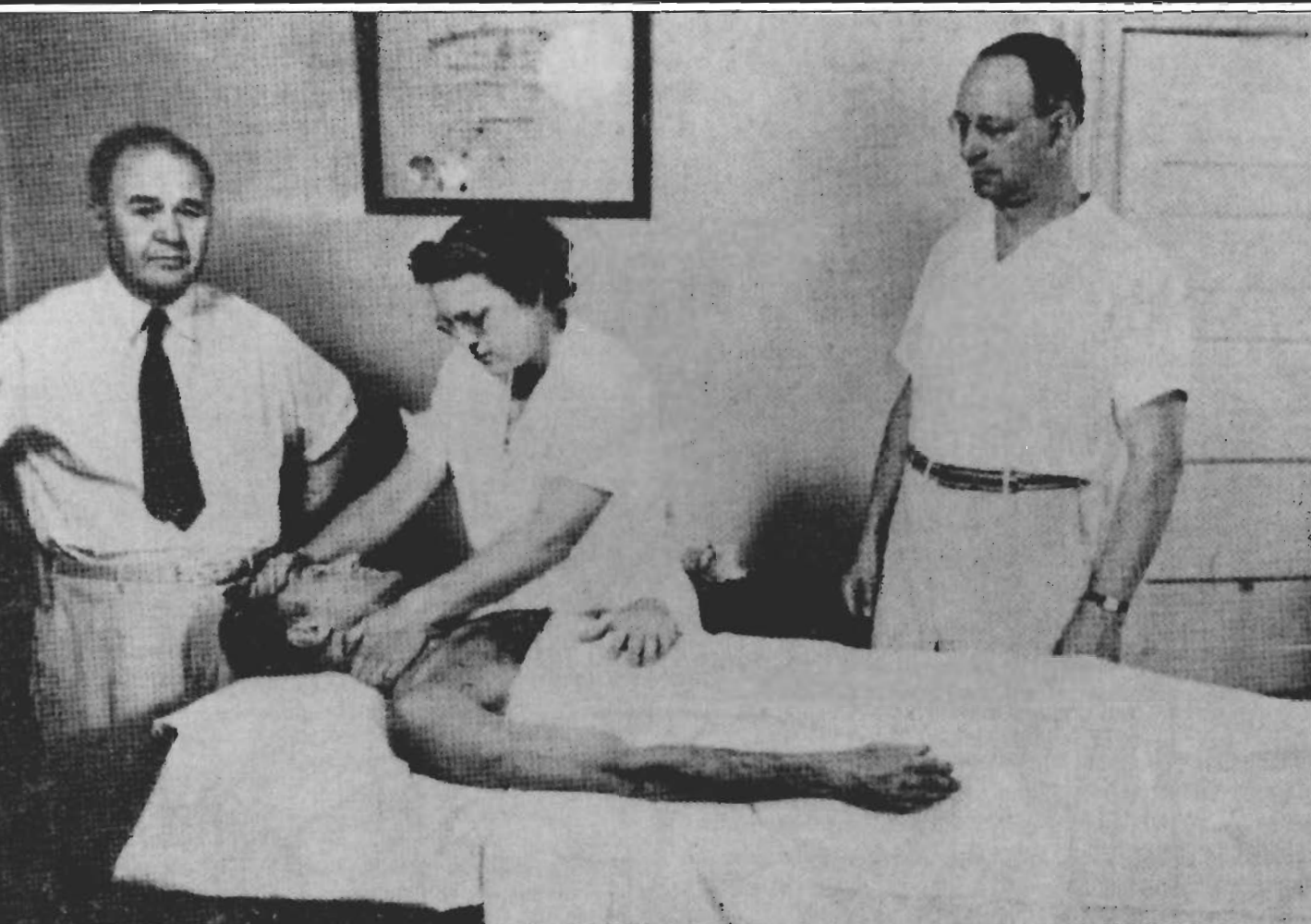
thy, a term used interchangeably by others, including D.D. Palmer's early graduate A.P. Davis, a physician-osteopath who, like the senior Palmer and others of that first decade of chiropractic, would become an "itinerant healer and schoolman" (3). Davis published a volume under the title of *Neuropathy* in Cincinnati, Ohio in 1909 and sold it to his students in Dallas, Pittsburgh, Rock Island, Los Angeles and San Francisco during the next several years (4).

What influence this may have had on the early founders of the neuropathy advocates in Philadelphia and Trenton, New Jersey, about the same time frame may be conjecture. To understand the process, however, a brief profile of two alumni of the Philadelphia medical mainline at the turn of the century must be examined. One, John P. Arnold (1868 - 1908), had a comparatively brief life and contribution. Yet a colleague, W. Wallace Fritz (1871 - 1951), would continue his work and become the transition to the nonmedical and drugless community

represented by Lake.

Lake himself described the transition in the last four books, *Treatment by Neuropathy and Encyclopedia of Physical and Manipulative Therapeutics*, a 684-page volume that became a compendium for the broad-scope chiropractic and "nonmedical" community at midcentury. He wrote under "History of Neuropathy" that:

John Arnold, M.D., Professor of Histology at the School of Medicine at the University of Pennsylvania, carried on his research work before lecturing and writing on his findings... his insistence on teaching (his) theories, led to his severance with all medical schools and to the founding of the College of Mechanical-Neural Therapy in Trenton, New Jersey. In 1904 it was moved to Philadelphia, but opposition by the medical fraternity made the progress of the college very hard, and Arnold



*Starting cervical drainage.
From Thomas T. Lake, Treatment by Neuropathy, Philadelphia, 1946 (Lake at left).*

went back into private practice. In 1907 the name was changed to the American College of Neuropathy and became the property of the Alumni Association (5).

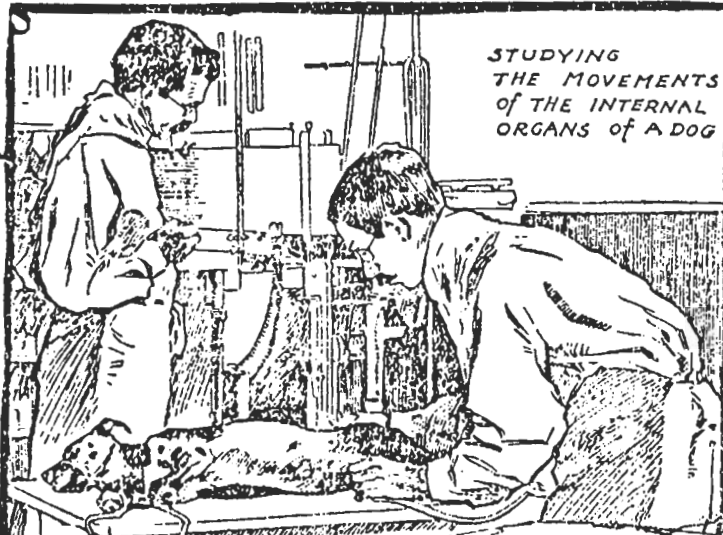
Arnold's research, according to Gaucher, was in line with Claude Bernard and Setechonov, Europeans of the late nineteenth century who examined the relationship of the spinal cord to disease. Gaucher said that Arnold had proposed "repeated pressure along the spine would reflexively dilute the vessels of the spinal cord, while a strong continuous pressure would have the opposite effect" (6). His laboratory work was initiated at the University of Pennsylvania and continued to the college established in 1900 in Trenton, a few miles north of Philadelphia on the Delaware River on the New Jersey side, possibly because a charter was easier to obtain in that state.

Although his work occupied less than two decades, Arnold offered an impressive medical vitae for that peri-

od. He was a graduate of the New York College of Pharmacy and received his M.D. from the University of Pennsylvania Medical School in 1893. He joined the faculty of his alma mater as a professor of histology and later became medical superintendent of the Presbyterian Hospital in Philadelphia. He published his work in the *Philadelphia Medical News* in 1905 and several unpublished manuscripts which survived with the college after his death. With an associate at the Penn medical faculty, Harry Walter, M.D., he established and obtained a charter for the College of Mechano-Neural Therapy. Classes commenced on 1 September 1900, with one newspaper account reporting "sixty students matriculating" for a course of two terms consisting of five months each ([7], [8]).

The college's short period in Trenton (it moved to Atlantic City for a brief period before relocating to Philadelphia, according to Lake) was not without the color and controversy that seemed to be attached to heal-

ONCE MAGOWAN'S HAPPY HOME; NOW GHASTLY HORRORS HAUNT IT



It is recorded that the negro man-of-all-work about the house left his coat and hat behind on the hall rack for a few moments the other day, and when he returned to take them away, behold! the coat was worn by a skeleton, while the hat was tilted jauntily upon a grinning skull.

In the garden surrounding the big house there is a calf tied to a tree.

"Slide Lights," the people who are not afraid to look at the call, call it. For it has a large glass bay window cut into its side, and through it can be seen all the workings of its inner organism.

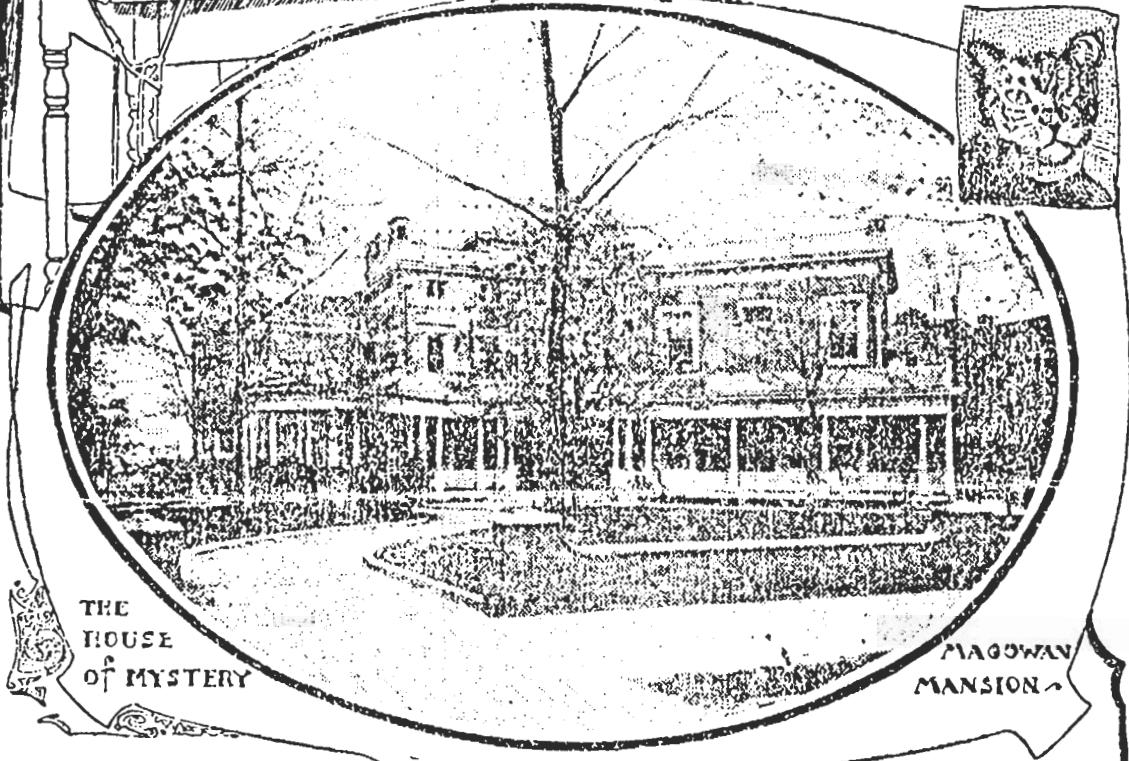
And there is also a monkey with a glass cupola on top of its head, through which the convolutions and fissures of the brain can be seen.

And there is a dog, "Twister" they call him, whose specialty consists in walking in gyrations, as if in a continuous polka performance.

But Dr. Harry Walter and Dr. John T. Arnold, who inhabit the house, laugh at the fears of the uninitiated. For all the uncanny sights and sounds are but the result of their vivisection experiments.

For the past two years they have cut and mauled and twisted 20,000 animals into yielding up the mysteries of nature and solving them by the saw and the scalpel.

And now, these doctors say, they have



Special Dispatch to the Evening Journal.

Trenton, N. J., Aug. 7.—Mystery and awe hang about the palace which Frank A. Magowan built when he was Mayor, and many a person prefers making a detour around the next block rather than pass this former domicile of mirth and merrymaking.

"The House of Horrors," some call it. And the more timid express their belief

unhesitatingly that the place is haunted.

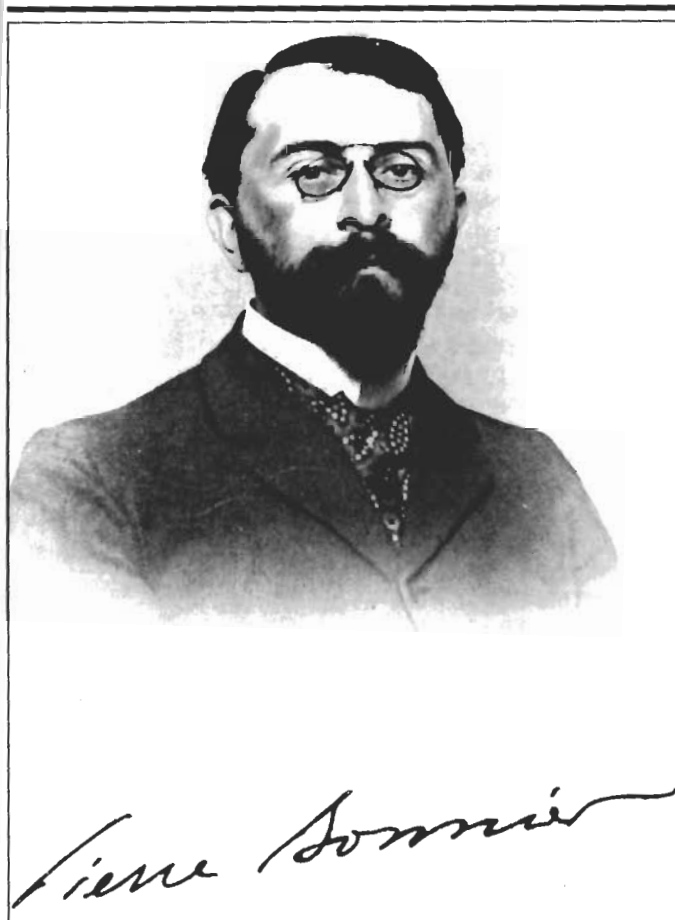
They shun it even in broad daylight, and at night they regard any one as abominably intrepid who dares to pass it.

Noises, moans and groans rising in a shell crescendo until they end in wails and shrieks, often proceed from the interior of the house, they say, and now and then there are sights, too. It is alleged, calculated to freeze the blood of passers-by.

But not only strangers are affected thus.

at last discovered the secret of life and health.

Not drugs, but phagocytes, they say, eliminate disease from the system. And to study these phagocytes, minute tentacles of the spleen which suck forth soldier-like and rout the disease germs infecting the blood, these scientists continue to subvert glass roofs for skulls on monkeys' heads and solder glass windows from the sides and throats of other poor, patient animals.



Pierre Bonnier (1861 - 1923), a French physician, published his seminal work in 1904 and is most remembered as the founder of "Centrotherapy," a precursor to Endo-Nasal Technique developed by American physicians and chiropractor-neuropaths.

ing institutions of that pre-Flexner period. Arnold and Wallace, according to the local press, had purchased the former estate of ex-Mayor Frank A. Magowan and had commenced to break ground and lay the foundation for their new college. Absent the objectivity of turn-of-the-century print press, the *Trenton Sunday Advertiser* for 14 April 1901 headlined:

FAREWELL TO DRUGS.

**Drs. Walter and Arnold to Establish a
College in Trenton. MECHANO NEURAL THERAPY
Is the Name of the Method by Which Wonderful
Cures Have Been Wrought (9).**

Other accounts in Trenton and New York newspapers (part of the Arnold Papers at the Paul Smallie Archives) offer less flattering accounts. Arnold's use of dogs and small animals for his physiological research (one story declared that Dr. Walker had performed twenty thousand experiments on living animals and that "these have never

been equalled by anyone") made his college an easy target for anti-vivisectionist crusaders. ONCE MAGOWAN'S HAPPY HOME; NOW GHASTLY HORRORS HAUNT IT was the lurid headline on one tabloid story, showing the college and a line sketch of the two doctors "studying the internal organs of a dog." Later the Trenton Society for the Prevention of Cruelty to Animals (SPCA) would issue a statement that it "had investigated the sensational newspaper stories upon the operations on the live animals by Drs. Walter and Arnold and has reached the conclusion that there is no warrant for them" (10).

Another incident involved a criminal libel suit against a Trenton osteopath who published an alleged libel against the two doctors and the college in a Wilkes Barre, Pennsylvania, newspaper, raising questions as to Walter's osteopathic training in Kirksville. There is no surviving account of the result of the libel action (11). Lake suggests that the college for a time "could not supply the demand for its graduates," and removed to Philadelphia "in order to have better facilities" (12). Arnold died at his Philadelphia residence in 1908 "from an internal disorder," a year after his college had been renamed and his work essentially continued by Fritz (13).

It is not known what association, if any, Arnold had with W. Wallace Fritz, a contemporary medical educator who was three years his senior but already a name in the medical and dental community of Philadelphia. A graduate of the Medico-Chirurgical College Fritz also held a degree from the Philadelphia Dental College and had been elected director and dean of the Philadelphia School of Anatomy. In 1901 the trustees of Temple University asked Fritz to organize the pharamaceutical and medical departments of the university, and he later became professor of anatomy and clinical surgery at the school (Flexner, in 1908, criticized the university's practice of having "medical, dental and pharmacy students mingle in the same classes") (14).

Fritz, who was surgeon on the staff at Samaritan Hospital in Philadelphia, apparently continued his allopathic appointments while moving into the "sectarian" community in 1908, first at the Philadelphia School and Infirmary of Osteopathy and then as the new dean of the Mechano-Neural college, which he renamed the American College of Neuropathy. He was also cited as having initiated the term *neuropathy* although Davis had been using it that same year in Texas and later at the Union College of Osteopathy in Pittsburgh, a short-lived institution that also taught neuropathy and chiropractic on a post-graduate level. Fritz was elected professor of clinical surgery at the osteopathic college in the period ([15], [16]). Fritz continued the American College until 1922, when it was apparently taken over by Lake (17).

FAREWELL TO DRUGS.

Drs. Walter and Arnold to
Establish a College
in Trenton.

MECHANO NEURAL THERAPY

Is the Name of the Method by
Which Wonderful Cures Have
Recently Been Wrought.

Ground was broken last Monday for the foundation of the building to be erected on the plot of land formerly owned by Frank A. Magowan, at the corner of North Clinton avenue and Moonmouth street.

The building is to be occupied as a college for the teaching of Mechano Neural Therapy, a method of treatment for physical ills discovered and developed by Drs. Harry Walter and John P. Arnold. The college will open September 1st, 1900, with a large class of students of both sexes.

The building will contain on the ground floor a chemical laboratory, 100 x 50 feet in dimension. On the second floor will be two amphitheatres, 50 x 50 feet, to be used as lecture-rooms. The ceilings of these rooms will be thirty-five feet high and modern methods for their ventilation and lighting will be employed. On the third floor there will be a physiological laboratory, 100 x 50 feet, and on the fourth floor a histological and pathological laboratory of the same size. The various departments of the institution will be equipped with the latest improved apparatus for scientific teaching. There will be a dissecting room and facilities for physical study.

The founders of the School of Mechano

During his seven years of hospital work he collected and recorded a vast number of data, which serve, he believes, to conclusively prove the uselessness of trying to cure disease with drugs. In addition to his clinical experience, he took up an experimental study of the action of drugs in the laboratory of the University of Pennsylvania, and here he was able to confirm the results obtained in the hospital.

In 1896, having become a teacher of experimental physiology in the University of Pennsylvania, he began at once, experimentally, a study he had been making clinically in his hospital work and private practice, namely: the physiological effects of mechanical treatment. In the Summer of 1899 he went abroad to make special investigations in this line of work at the University of Berne, Switzerland.

The success of these two physicians since they came to Trenton five months ago has aroused the most intense interest in this city and the surrounding country. The cures they have made without the use of drugs have startled both the laymen and physicians of this community. Every room in their institute is occupied, and the demand for rooms is greater than they can supply. They are daily treating a large number of the most prominent and influential citizens of this and other States for all manner of disease. Nothing but praise is heard from the patients they treat.

Their method of teaching will be absolutely unique and modern in every particular. They will be assisted by an able faculty, and the students will be thoroughly drilled and properly prepared to recognize disease and taught

how to treat it without the use of drugs. Their system of teaching so simplifies matters that they will be able to graduate efficient practitioners of Mechano Neural Therapy, in two terms of five months each. It is a recognized fact that about sixty per cent. of the time spent in medical schools is wasted through faulty methods of teaching. As their method will utilize every moment of time to practical subjects, it will readily be seen that in ten months they will be able to teach more and teach it better than is now done in the so-called four years' course in a medical school. When we take into consideration that the majority of the greatest practitioners of to-day were graduated

Dr. Lake developed his neuropathic practice to an extent that others asked him to conduct classes in EENT procedure in the late 1930s. He was, considering the scarcity of serious nonmedical research and publications of clinical work throughout the 1940-50 decades, an amazing practitioner, scholar and writer. He continued the administrative functions of the neuropathic college on a post-graduate level, scheduled and lectured on an extensive scale in many states, wrote and published four books and edited a speciality quarterly that was of superior quality and truly multi-disciplinary among the healing arts. And all throughout this period, he practiced as a neuropathic physician and as a chiropractor in Philadelphia.

In the introduction to his magnum opus entitled *Treatment by Neuropathy and the Encyclopedia of Physical and Manipulative Therapeutics*, with dozens of illustrated plates of various movements and techniques (1946), Lake says that he organized the Philadelphia College of Neuropathy in 1922 which "... followed the pattern of the American College of Neuropathy, but broadened its teachings in many aspects," (18). Within the previous decade Fritz had assumed the charter of the American College, which had moved from Atlantic City to Philadelphia and where it continued until 1919.

Lake had "received his instruction in neuropathy from W. Wallace Fritz, M.D.," (19) and had maintained a close association with him until his death in 1950. Thus the continuum of neuropathic instruction through the century can be traced from Arnold in 1900 to Fritz in 1908 and later Lake in 1922. Lake expressed his disdain for the decline of neuropathic education in the following account:

It was rather unfortunate circumstance that both schools were forced to close. The American College of Neuropathy was struck a mortal blow by World War I, when nearly the whole student body left for the Service. In after years it was impossible to recover because of the large number of short-term Drugless Therapeutic schools which opened all over the country, some giving degrees after a few months' attendance, whereas these Colleges of Neuropathy required a full four-year course with dissection and other laboratory requirements (20).

Lake was dean of the Philadelphia College and also professor of therapeutics and psychiatry. There is no indication when the college became a post-graduate institution, but it may be that the charter was retained and activated by Lake during World War II when he began his classes, for certificates were offered from the College ([21], [22]).

During some period in the 1920s Lake apparently was associated with another Philadelphia institution, the Keystone College of Chiropractic, as "professor of anatomy and physiology" (23).

While his diversified writing in therapeutics and such speciality areas as psychiatry and eye, ear, nose and throat suggests a large body of knowledge, there is a void in Lake's writings as to his own background and training. We can assume that his N.D. was from the American College under Fritz; but there is no documentation of this, as is there any reference to the origin of his D.C. Like other scholarly pioneers of chiropractic, such as Joy M. Loban (24), his background remains an enigma.

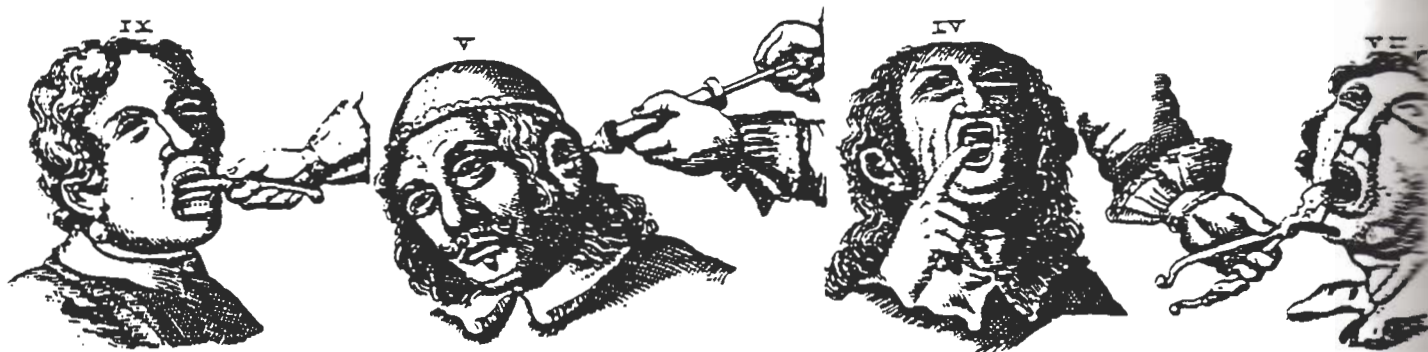
What is known is a series of self-published books in the 1940s which reflected a rich clinical experience, and which became widely reproduced and used in seminars and post-graduate classes until recent decades. Lake's first book was published during the Second World War as *Endo-Nasal, Aural and Allied Techniques: Ear, Eye, Nose and Throat*, (1942) with a subtitle as "A Manual of Manipulative Techniques for Conditions of Anoxia and Aneoxemia." The next year he authored *The Fundamentals of Applied Psychiatry for Non-Medical Physicians* (1943), followed by *Treatment of the Prostate by Physical and Manipulative Surgery* (1944). Lake's most utilized book was *Endo-Nasal, Aural and Allied Techniques* (1942), which went into six editions. *Treatment by Neuropathy* was used by several chiropractic colleges (including Logan, National and Western States) according to its authorized reprint publisher, Health Research/Mokelumne Hill Press. The press has reprinted all of the titles and offers them in its catalogues of listings (25).

Just the titles of these volumes suggest an author who might have had a medical or, at least, a university training as a basis for such diverse work. For this writer this is strictly speculative, for even the publisher of the Lake reprint works can offer little biographical data to supplement that which he provides (26). Again, what we know of Lake is the written record which he left behind, including several numbers of an unusual publication, *The Quarterly Journal of the National Endo-Nasal, Aural and Allied Techniques Society*. Published in Philadelphia, it is not numbered, but it appears that it made its appearance in early 1944. This writer's father was one of several associate editors. The Society held its annual business meetings along with the Lake seminars, which were held in Philadelphia and New York and occasionally other cities.

The Editor of the *Quarterly Journal* reported in early 1945 that "in October (1944) Dr. Lake visited Pittsburgh, Boston, Baltimore, Buffalo and Toronto having larger classes than ever... in November he visited Minneapolis,

ENDONASAL TECHNIQUE and Associated Therapies for Ear, Nose, and Throat

Speaker: Lester C. Lamm, D.C.



Presented by:
WESTERN STATES CHIROPRACTIC COLLEGE
Division of Continuing Education & Postgraduate Studies
2900 NE 132nd Avenue
Portland, Oregon 97230-3099
503/256-3180

Denver, Los Angeles, Phoenix and Kansas City to give instruction..." (27).

Taken together, his clinical publishing productivity in four years resulted in more than eleven hundred pages in four volumes, an exceptional output in a four-year period. Lake's volumes were well illustrated with his techniques and with accompanying plates detailing the various organs being treated in the EENT area. In the conclusion to *Endo-Nasal Techniques*, Lake emphasized that his work was "written in an effort to aid the manipulative physicians to become more useful in a field of healing which hitherto was considered outside of (their) sphere of practice," adding

that the techniques "were born of experience and experimentation" (28).

It is both frustrating and unrewarding to speculate on the absence of any biographical history and training of Thomas T. Lake. One can only conclude that he was a motivated, dedicated practitioner who considered himself a "nonmedical physician" with a desire to share his clinical experience in a largely unexplored area of nose and throat by drugless practitioners. It is significant that he was considered a professional peer by Fritz, who was credentialed in medicine, dentistry, and osteopathy and accepted in the administrative and teaching halls of Philadelphia medical

The Technique.

Instructions:—After washing hands thoroughly, dip finger covered by finger cot into cold water; now slide the finger down the side of the mouth until it reaches the root or base of the tongue, then quickly slide finger over to the middle of the tongue. (Get one pressure on finger and maintain it all through the operation; if air gets under finger, patient will gag.) Now, with your finger in middle of the tongue, move the finger backward until you reach the epiglottis. Your finger is now in the valleculæ, one on *either* side of the glossoepiglottic fold. Now massage right and left and up and down five or six times. When you are withdrawing your finger, pull the tongue upward and outward. Many abnormal conditions in the larynx are due to ptosis of the tongue.

For anemia, enervation or congestion, this operation puts the tissues in place, and creates a freer circulation of blood fluids around the area. Some authorities have suggested using two fingers to perform this operation, one on each side of the mouth. We leave this to the discretion of the individual practitioner. (See Fig. 22.)

- Thomas T. Lake, Endo-Nasal
Techniques, 1949, p 61-62.

schools and hospitals.

Lake appears to have resided in three (or more) separate professional worlds: the non-allopathic medical community, chiropractic and naturopathy. Along with Fritz, he was active in the Allied Medical Associations of America and later in the National Medical Society, a group that was a catch-all for diverse healers headquartered in Washington, D.C. (Founded in 1943, it apparently lasted only a few years but did publish a journal). He was a member of the International Society of Naturopathic Physicians and in 1949 was listed as a member of the Council on Bloodless Surgery of the American Naturopathic Association ([29], [30]).

While Lake was a prolific writer, most of his essays and papers -- both clinical and commentary -- appear to have been in the naturopathic community. Only one article in the *Journal of the National Chiropractic Association* sur-

faced in the thirty-two-year index of the NCA publication (31). However, he may have authored his first endo-nasal paper in the *Naturopath and Herald of Health* in March 1939 and later contributed to that same journal published by Benedict Lust on topics which included "Diaphragmic Prolapse: Symptomatology and Complications" and "Headaches from Carotid Sinus Block" ([32], [33]).

His books, however, have survived him. In the fifty-five years since his death, his four books are still in print, at least two being used in postgraduate classes and as clinical reference texts for optional EENT work at Western States (34). His work was expanded and taught in the west by Frank L. Finnell (1882-1967), an optometrist-chiropractor who had an EENT practice in Portland, Oregon, and who wrote a book entitled *Constructive Chiropractic: Endo-Nasal and Aural Techniques* (35).

Livingstone cites the work of several osteopaths and

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31299	*Unlisted procedure, accessory sinuses
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97799	*Unlisted physical medicine service or procedure
92599	*Unlisted otorhinolaryngological service or procedure

osteopath-chiropractors in the first quarter of the century who utilized Endo-Nasal Therapy but who termed it "orificial surgery" or "finger surgery." Among these were Charles H. Murray, M.S. Murray, E.P. Millard, Curtis Munroe and James O. Edwards. D.D. Gibbons, D.C., N.D. (no relation, but with whom the writer had correspondence) of Kalamazoo, Michigan, conducted endo-nasal classes based on Lake and Finnell during the 1970s. However, both Lake and Livingstone acknowledged the European origins of the practice ([36], [37], [38]). According to Lester C. Lamm, D.C., Dean of Continuing Education at Western States, their elective course on endo-nasal therapy in the EENT credit program and the postgraduate classes are the known extent of Lake's work today. "It was exceptional and is still relevant today, but few chiropractors know of it," says Dr. Lamm, who also maintains a speciality practice for EENT in Portland (39).

Perhaps the limbo of "nonallopathic" practice and chiropractic legislation contributes to the grey area in which "chiropractic EENT" resides. According to a scope of practice study conducted by Lamm and Elizabeth Wegner in 1989, Endo-Nasal Therapy was specifically prohibited in only nine states in a survey which listed it among eleven "invasive treatment procedures," with two stated having qualifications. Despite the two-thirds acceptance in the remaining jurisdictions, it is doubtful if more than a hundred chiropractors utilize the practice today (40). The term favored today is "intra-disciplinary," and in the post-Wilk period the open association of D.C.'s, M.D.'s, D.O.'s and other health professionals does not raise allopathic eyebrows. Ironically, the first decade of chiropractic may have seen more physician-chiropractors in the century of its exis-

tence (41) and at mid-century such association could have been a result of the economics of World War II health care curtailments.

Lake was part of that "ecumenical" experience, which continued through the decade prior to his death. An advertisement in the *Journal of the American Naturopathic Association* for November 1948 urges naturopaths and chiropractors to register for the off-campus courses of the Philadelphia College and Infirmary of Osteopathy "given by men (M.D.'s) affiliated with leading hospitals and institutions of Philadelphia" (42). This writer recalls his father's saying that some of the Endo-Nasal Therapy clinical sessions were held at the osteopathic college, now known as the Philadelphia University of Health Sciences. Those who have studied the discovery process in the Wilk anti-trust suit know that in this period physicians and even osteopaths risked disciplinary censure and even loss of hospital appointments from such "unprofessional association" (43).

Neuropathic physicians -- who were listed in the Philadelphia telephone directory as late as 1969 -- have passed into the limbo of forgotten branches of the non-allopathic tree. The Pennsylvania Board of Medical Examiners still has Drugless Therapy licenses, but only a dozen are in effect. The Board claims no breakdown as to school of practice and reports that all of the early records were destroyed in an archival fire (44). Thus, determining the number of actual "neuropathic" practitioners over the century may well be impossible.

As historians of the healing "fringe," we may be allowed to ponder the rhetorical questions about Lake, as others before us have asked about enigmatic chiropractic

pioneers such as Loban and Langworthy ([45], [46]). We may ask, for instance, could a chiropractor-neuropath offer procedures on treating the prostate, with counsel on examinations, catheterization and advice and instruction when surgery is indicated without an experience as in internist?

Could an author of a book such as *Fundamentals of Psychiatry* discuss psychosomatic therapy, psychopathology, psychoneurosis and practical application by nonmedical practitioners without having a psychiatric training or at least an observing experience in a mental hospital? In the introduction to that book, Lake says that "some years ago the author read a paper to a group of physicians on sexual neurosis" and that this experience had prompted him to expand his concepts into a book (47). Did Lake have a medical "past"? The brief obituaries following his death on 3 December 1950 do not offer any insight.

Indeed, these two subjects, the prostate and psychiatry, suggested the outer parameter of the nonmedical practice that Lake reflected in his writings. At mid-century he was articulating the edict of the senior Palmer "to practice and to teach," and in a disciplined way Thomas T. Lake wrote, lectured, traveled, taught and published the principles and practices of the therapy formulated at the turn of the century in his own Philadelphia by John Arnold and continued by W. Wallace Fritz. They came out of the halls of the med-

ical mainline and established the tradition of a multi-disciplinary body of healing arts practitioners, shelving their doctrines for the concept of true healing hands.

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1900 Trenton City Directory: Walter, John P., (Drs. Walter & Arnold), h: 78 N Clinton ave
Dr. Arnold not listed separately, residential section has nothing under
"College of ..." or "Endonasal..." or "Mechanoneural..." or "Naso/nasal...."

Treatment by Neuropathy and The Encyclopedia of Physical and Manipulative Therapeutics

Compiled By Thomas T. Lake, N. D., D. C.
1946

INTRODUCTION

Neuropathy is a good method of treatment which can be used in conjunction with every other form of physical therapy without impairing the efficiency of either form, but accomplishing much more good than if either was used separately. Neuropathy stands unique in several respects among all of the drugless therapies. First: because it was founded and developed by members of the medical profession as an aid to the practice of medicine. Over fifty years ago some venturesome members of that profession began research and experiment along the lines of controlling the blood circulation by manipulation of the nervous system. The result of all their efforts was the discovery and tabulation of nerve segments that would act as vaso dilators and vaso constrictors to the circulations and various organs and tissues. Then, second: Neuropathy was unique at the time of its announcement to the profession as being the only form of a two-fold treatment by control, at will, of the nervous system, stimulation or acceleration, sedation and inhibition. The first, a quickening of the nervous system with a corresponding increase in circulation and energizing of organs and tissues; the second, a quieting of the nervous system with a corresponding decrease in circulation and activity in the organs or tissues of the segmental area.

Up to the time of the announcement of Mechano Neural Therapy and Neuropathy, sedation was a matter of nerve exhaustion, brought about by excessive stimulation rather than by deliberate manipulation of nerve segments. Third, it is unique because it was a departure from the harsh manipulations of those early days.

Fourth: Neuropathy is unique from its origin and is plainly stated by its authors as not being a complete form of therapeutics in itself, but to be used as an adjunct to the practice of medicine. That was the purpose and thought, but as in ages past these investigators and experimenters were accepted as very worthy of recognition for a time, then later ridicule as ostracism was leveled at them by the leaders of the medical profession. This eventuated into the claim that Neuropathy was a complete healing art science, and a separate school for its study was set up, giving the degree of M. D. Neuropathic Branch. While persecution may have driven the founders of this healing art to claim Neuropathy as a complete healing art in itself, this writer, after many years of practice, has not found that claim to be a valid one any more than the same claim could be made for Chiropractic, Osteopathy, or Naturopathy. All of them have a missing link per se. None of them is complete. Neuropathy and the other drugless therapies would never have been invented if medicine had ever been a complete science. Medical practitioners today are reaching out to

incorporate all of these forms into the practice of medicine under the terminology of Physical Therapy. The vast field of healing is too great and complicated for one group to absorb and develop. Each group has a trend, initiated by the schools and colleges that prevents any appreciable compromise. A physician either believes in the efficiency of drugs or he does not. If he believes that drugs can do more for the ills of mankind, then he would not spend much time developing the drugless side of his profession. On the other hand, the drugless physician has a trend away from drugs, while, at the same time, recognizing there are times when drugs are useful, and surgery is necessary. It is the height of absurdity when either one of these groups places extreme emphasis on any form of treatment and claim there is non plus ultra. The trend away from this absolutism has been noted by this writer for the past twenty years, and, it is a worthy trend for it forecasts a wider field of service by the doctor to his patient. This cosmopolitanism of practice is not confined to any one group. Medicine, Neuropathy, Osteopathy, Chiropractic and Naturopathy are all seeking to render this larger service by acquiring new techniques within the confines of its theory and principles. With this trend in mind the author thought that some service could be given to those in the drugless professions who are ever seeking a wider scope of usefulness by an explanation of the philosophy, principles and practice of Neuropathy, coupled with an encyclopedia of physical and manipulative methods, with many types of treatment so that the physician can use his discretion in the selection of those that might be beneficial to his patient.

BOOK I

Chapter I

HISTORY OF NEUROPATHY

Neuropathy was one of the sciences created out of all these researches and investigations. It was created for to great purposes: First, as an aid to medicine, which at that Early day was not accomplishing for the sick what was required of it. Second, to eliminate all the harsh and rough treatments that were complained of by patients, and at the same time be effective in bringing about beneficial results to the patient. Among those who stand out as having contributed the greatest of value to Neuropathy as we know it today are Albert Abrams, M. D., Edgar M. Cyraix, M. D., John Arnold, M. D., and W. Wallace Fritz, M. D. Albert Abrams, M. D., contributed much of the foundation by his tabulation of the reflex centers, whereby organs and tissues could be contracted or dilated at will, by concussion or pressure on nerve segments, that had the desired action on the circulations. Cyriax's studies and work, "The Elements of Kellgren's Manual Treatment," also collected papers dealing with the lymphatic system, completed what was necessary for John Arnold, M. D., to form what he termed Mechano Neural Therapy. Dr. Arnold was Professor of Histology in the School of Medicine in the University of Pennsylvania. For five

years he carried on his research work before writing or lecturing on his findings. Arnold did not write any books, but some articles are left that stated his philosophy and technique, also a “Table of Viscero Motor Neurons” appended to his article in the *Medical News* of March 18, 1905, under the title “The Importance of the Back in General Diagnosis.” Arnold’s theory was that repeated brief pressure along the spinal column arouses the reflex constrictor nerves, and brings about a certain amount of contraction in the blood vessels of the skin and muscles of the back in the region of the back treated, and also at the same time produces a certain amount of dilation of the vessels of the cord. On the other hand, continuous hard pressure along the spine arouses the reflex dilators and brings about a certain amount of dilation of the blood vessels in the skin and muscles of the back and a corresponding contraction of the blood vessels of the cord, and by the changes in the spinal cord impulses are sent to the blood vessels, and through the action on circulation in these vessels a healthful condition is brought about in the nerves, then circulations, organs and tissues. Arnold’s method of diagnosis was by pressure in the grooves of the spinal column, for he claimed that the areas of vertebral tenderness corresponded with the vaso motor segments of the spinal cord and that there exists a compensatory relationship between the spinal segments of the cord and the blood vessels leading to the various organs and tissues. (Arnold: “Some Principles of Manual Therapy— New York and Philadelphia Medical Journal, May 13, 1905.”) Arnold offered to incorporate his work into the curriculum of several medical schools, which offer was rejected. **His insistence on teaching this therapy led to his severance with all medical schools and to the founding of The College of Mechano Neural Therapy in Trenton, New Jersey, and for a time the college could not supply the demand for its graduates, then in 1904 it was moved to Philadelphia, Pennsylvania, in order to have better facilities.** But, opposition by the medical fraternity made the progress of the college very hard, and Arnold went back into private practices. In the year 1907 the name of the college was changed to ‘The American College of Neuropathy’ and became the property of the Alumni Association. W. Wallace Fritz, M. D., N.D., D. D. S., D. O., was elected Dean and through his studies and endeavors the school up until 1919 was one of the foremost Drugless Therapy colleges in the country. Fritz not only originated the name “Neuropathy” but contributed to changing the philosophy, pathology and method of examination and diagnosis and gave Neuropathy an almost complete new meaning.

The Philadelphia College of Neuropathy, organized in 1922 by the writer, followed the pattern of the American College of Neuropathy, but it broadened its teachings in many aspects. It was under rather unfortunate circumstances that both schools were forced to close. The American College of Neuropathy was struck a mortal blow by World War I, when nearly the whole student body left for the Service. In after years it was impossible to recover because of the large number of short-term Drugless Therapeutic schools which opened all over the country, some giving degrees for even a few months attendance, whereas these Colleges of Neuropathy required a full four-year course with dissection and other laboratory requirements. The competition of short-term schools was too great, and the American College of Neuropathy has been turned into a Post Graduate School.

There have been attempts by various physicians and schools to la claim to having founded Neuropathy. But even a cursory reading of their notes or books will reveal there is nothing in common in their philosophy, terminology and practice with the original authenticated and accepted Neuropathy of the American College of Neuropathy since 1907.

BOOK II

Foreword

The rule we shall follow in this section is to briefly state the definitions of the various types of treatment, and their specialties, then to give the clinical diagnosis of diseased conditions, then indicate briefly the types of treatment that have long been accepted and practiced by the physical and manipulative physician. Naturally all methods cannot be given here because new ones are continually coming forth. Neither can those indicated in this book be gone into exhaustively, but ample references are supplied for those who wish to make a special study of the specialties mentioned.

We do not make any claims to originality for any of the specialties, neither do we agree that there is anything original in any form of the healing arts, but rather an evolution of ideas from one age to the other. We are in perfect accord with John Cornos, who in a book review in the Philadelphia Evening Bulletin said, "Strictly speaking, there is no such thing as originality. At best what we term "originality in the arts is a new combination of existing factors previously used in different combinations – plus the author's personality, which co-ordinates them into a new form." Since the laws pertaining to Drugless Therapy vary in each state, the writer must leave the selection of techniques to the discretion of each individual physician. He is satisfied there are some techniques that can be used by every physician in all states, or wherever Drugless Therapy is practiced.

Chapter I

[Note: not complete]

A BRIEF OUTLINE OF THE SPECIALTIES

What is a Specialty? The best definition we have been able to put together from many definitions we have read is as follows: A specialty is that part of a physician's practice in which he has some special knowledge, and some special gift of exhibiting that knowledge. If the physician gives all his time to the practice of a specialty, he is known as a "Specialist." The importance of the specialist is waning with the increasing knowledge of the specialties by the general practitioner, and this is a healthy trend and will in the end raise the practitioner from the status of a mechanic to that of a physician where he rightly belongs. Briefly we shall outline the best known specialties in Drugless Therapy.

VACUUM AND PNEUMATIC THERAPY

Vacuum and Pneumatic Therapy is the application of suction cups or tubes to the spine, or any part of the body, for creating a stimulation of the circulation and for inhibition of pain centers.

The above is the writer's definition, from long experience in the use of this method of treatment. The history of the development of this form of treatment goes back to antiquity. Various forms of suction have been used since the beginning of time. But it was not until 1878 when Junod published in Paris his "Haemospasia" that it became a part of the Healing Arts. Junod termed it the "Equalizing Treatment" because the treatment stimulated the circulation. The writer considers this form of therapy as one of the greatest contributions ever made to the Healing Art professions.

Professor H. N. D. Parker was known as the Father of Vacuum Therapy in America. He developed some new theories and invented some new instruments. This writer was privileged to sit as a student before this great teacher and physician, and to hear him expound his philosophy, and demonstrate his self-made vacuum outfit. And from that time to this day, there has always been a set of vacuum cups and a pump in his office. The results with the cups have grown amazingly with the passing years' experiences in the use of them. From a review of notes made while sitting in Dr. Parker's classes we glean the following philosophy. Notes for May 1917. Professor Parker said, "We must recognize that the circulation and the content of the blood is the controlling influence in health and disease, and that variations from the normal spells disease. Pain is the result of sluggish circulation, nerve starvation and accumulation of waste in the system. The vacuum treatment agitates the cells, speeds up circulation, bringing nutrition for nerves, organs and tissues, easing pain and exercising a soothing effect upon the nervous system generally. A good rule is to apply the cups wherever there is pain. The cups can be applied anywhere on the body they can grip, but at first should be applied mildly, changing positions every two minutes until all pain has ceased." After that brief preface Dr. Parker demonstrated how the cups were used on the spine and any part of the back, legs, neck and arms. Abdominal

and visceral applications of the cups came later. The writer began to use them over the viscera in 1922, and found them par-excellent for hard counter irritations, and also for adhesion adjustments. Treatment of ptosis, hernia and appendicitis, and some other conditions which will be mentioned under "Treatment." For the principles of Counter Irritation in the treatment of prostatic conditions see Pain Control Section, "The Treatment of Prostatitis." Here we will give one example. If there is an acute or chronic inflammation of the appendix, the cup is put in the exact location on the opposite side of the body, allowed to remain there for at least three minutes then it is released until the hyperemia recedes somewhat, then applied for three minutes more to the same spot. While the cup is in position on the left side, a cold or hot wet cloth can be put directly over the appendix, and kept there as long as the cup is on the left side. When the cup is removed from the left side, it is then placed directly over the appendical region and very mildly applied little by little according to the resistance of the patient. By this time proper circulation having been established, the congestion removed, pain should cease. It requires but a little experience with the cups to develop worthwhile individual technique. But a technique that is a very useful addition to any physician's office.

The treatment is generally applied to the whole spinal column from atlas to coccyx. Specifically it is applied to any particular area for pain and congestions. The patient's feelings can be used as a guide as to how hard the cups should be applied. Sometimes the skin will turn black after a hard treatment, but this is nothing to be concerned about. It is a reversal of the diseased condition. It is a changing of the diseased condition of the underlying internal tissues coming to the surface where they are not dangerous. But it is best to tell the patient all about it when hard treatments are to be given. The pump apparatus can consist of a motor-driven suction or a bicycle pump put in reverse action. The cups can be purchased in many shapes and sizes, or can be made by the physician himself.

ORIFICIAL THERAPY

Orificial Therapy can be defined as the treatment of abnormalities that occur in or around the orifices of the body.

Many diseases are caused by injury and irritation to the structures near to and forming the orifices into the body. Some of these can be corrected in no other way than by orificial therapy. Abnormal conditions in and around the orifices cause constructions of the terminal fiber of the sympathetic system. This condition in time causes remote structures to be involved by direct or indirect reflex action. The sympathetic system invests on all the viscera, blood vessels, and has communication with the cerebro-spinal system until the whole body is debilitated.

Plate 11. VACUUM CUPS ON THE SPINE, ONE FORM OF APPLICATION. *Courtesy of Royal Health Institute, New York.*

Under the heading of Orificial Therapy should be listed Gynecology, Proctology and Endo-Nasal Therapy. But, only the first two will be covered under this heading because Endo-Nasal Therapy covers not only the orifices but also the functioning of oxygen, and all the circulations of the body, so the types of abnormalities in the female and male orifices and the treatment will come under their proper headings, but the treatment of the nose, ears and mouth will be listed under Endo-Nasal, Aural and Allied Techniques.

ENDO-NASAL THERAPY

Endo-Nasal Therapy is that method whereby obstructions are removed from all parts of the respiratory system that interfere with the intake, transport, and utilization of Oxygen.

For a complete outline of the above examination and treatment see the writer's book on "Endo-Nasal, Aural and Allied Techniques." Conditions warranting Endo-Nasal treatment will be indicated, with the techniques explained.

SPONDYLOTHERAPY AND CONCUSSION

SPONDYLOTHERAPY -- A medical term for spinal treatment. A specific symptomatic, mechanical treatment for the purpose of increasing or inhibiting nerve reflexes. An endeavor to accomplish by spinal concussion and mechanical pressure the effects produced by certain drugs.

Spondylotherapy and Concussion were once two separate terms but now are recognized as synonymous. At one time spondylotherapy was considered to be a method of pressure treatment, and concussion a striking of a blow. They both can be defined as an extra stimulation or inhibition of any particular segment or segments of the spine. The thought is that after all structural interferences have been removed by the physician's method of treatment and further stimulation or inhibition, or vaso-dilation or vaso-constriction are needed that spondylotherapy and concussion can be employed. But, experience has demonstrated that sometimes the concussion treatment was necessary before the physician gave any other treatment.

In rapid and palpitations of the heart, in acute asthma, diarrhoea, intestinal spasms and in all forms of hysteria it can be used with great sedative effect. But, generally it is used for extra inhibition or stimulation. The spinal segments of Neuropathy are adequate to meet all the requirements of this type of therapy. Spondylotherapy and Concussion are produced by striking soft or hard blows by the use of the fingers or closed fist. Also by what are known as concussors, electrically operated. Formerly it was performed with a mallet and applicator, but this proved to

be too crude an instrument for the public, who, not understanding the principles, subjected the process to much ridicule. In spite of the evidence, it was effective.

MODES OF APPLICATION

The hand and finger method is as follows: The left hand of the physician is spread flat over the segmental area to be treated, with the tips of the fingers of his right hand he taps lightly or heavily on his left hand. If the physician desires heavier blows, he can use his closed fist. The electrically operated types of concussors give a very even blow and can be regulated either to slow or rapid movement. The pressure portion of Spondylotherapy was a part of the Neuropathic Technique.

THE PRINCIPLES AND RATE OF APPLICATION

Riley "A general rule is that slow strokes are soothing in nature, while the rapid are exciting and more stimulating. If, therefore, some center is to be concussed for sedative effects make the strokes slow and in an interrupted manner. If the center is to be stimulated let the strokes be rapid and interrupted at proper periods."

Johnson states: "The practitioner should remember that rapid concussion usually has an exciting or stimulating effect upon that part of the body related to the vertebral segment. Concussion of short duration augments the excitability of the nerves, but when prolonged the excitability is diminished or abolished."

The rate of vibration and time required to establish the proper reflex can be judged best by experience. Example -- Take a rapid heart, or palpitations of the heart. Listen carefully with the stethoscope, then count the pulse beats. Having established firmly in the mind the sounds of the heart and the count of the pulse beats, the physician then concusses the 7th and 8th cervicals, slowly, for half a minute, then rests for half a minute. This is continued for three minutes, then the heart and pulse beats are tested. If not restored to normal, then another three minutes more of the treatment is given.

Abrams recommends an interrupted concussion process of about ten minutes. The pressure finger method is very effective in the majority of cases, but there are times when the more vigorous methods mentioned above are absolutely necessary.

The rule for finger pressure of Neuropathic Spondylotherapy is that if the gutter of the spine is painful and tight it needs relaxation. The patient is placed on the side position with the physician

standing in front of the patient and deep pressure is made in the affected segments in the gutter of the spine nearest him. This pressure is maintained for about four minutes or until the muscles of the spine relax under the fingers. If the muscles in the gutter are soft and ropy, denoting visceral perversions, the fingers are held in the gutter of the spine for ten minutes or until the muscles assume normal elasticity and smoothness. The pressure used, 3 and 8 pounds respectively. There are claims that the sine wave, high frequency, ultra violet ray bulbs, and vibrators can give the required stimulation and inhibition of spondylotherapy. The writer's experience has not justified that claim, therefore, they are not included here.

ZONE THERAPY AND COUNTER IRRITATION

Fitzgerald and Bowers, founders, and Riley as the chief exponent of this form of therapy do not actually give a definition. But, rather, go directly into the claims of what Zone Therapy is applicable for and the physiological process by which the good is accomplished. The principle of the therapy is that the body be divided into one-half, then each half of the body is divided into five zones with imaginary lines from the toes to the top of the head. The zone numbers one to five begin with the big toe and the thumb. On the head the numbers begin from the middle of the head outward. Each side of the body is outlined in the same manner The tongue is in all zones.

Zone Therapy philosophy is akin to what is known as Counter Irritation for pain control, with this exception, that the proponents of Zone Therapy make claim to healing qualities while Counter Irritation makes no such claim.

The zone therapy concept is that practically all reflexes are in a straight line, straight down the body, and arms to the hands.

Fitzgerald defending the system remarks, "It may appear that so arbitrary a division of the body could have only an imaginary relation to the fingers of the hand, but we must remember that the body as a whole is a single organism, whose every organ is interdependent with the others and what will invigorate, or devitalize one, will similarly affect all. The plexus of the nervous system telegraphs vibrations, irritations, and manipulations, from one part of the body to any other part, and suggestions of this kind are invariably obeyed within the limits of the reactive powers of the system." While Riley, writing about the results, remarks that "it is all so simple, but that the results are very surprising and bewildering."

Counter Irritation Therapy, on the other hand, is that the body circulations and nerve control are in a circle, and the control of pain on one side of the body is by pressure on the exact opposite side. That is, if there is pain in the left hand, it is controlled by pressure on the right hand. These systems are very effective in many conditions, and will be pointed out when applicable, and what

instrument to use.

TAMPONAGE AND DILATORS

A tampon is a plug usually of lint or cotton for closing a wound or cavity to absorb secretions or to hold back hemorrhage.

A dilator is to enlarge the orifice.

Certain types of tampons can be used for the latter purpose. Simpson's tampons can be effectively used for nasal bleeding and as a dilator.

Rectal tamponade of Mukulicz is one of the best known as a capillary drain, and consists of a square piece of iodoform gauze of requisite size, placed in a cavity and filled with narrow strips of plain gauze until the requisite degree of compression is secured. Used where there is parenchymatous oozing. Serves as a tampon to arrest bleeding and also acts as a capillary drain. Rectal tampon made of piece of rubber tubing, size of thumb, 12 inches in length covered with iodoform gauze. Into this tube is inserted a glass cylinder 3 inches in length, over which the rubber tubing should extend two inches. An umbrella of iodoform gauze 12 x 12 inches is fastened to the tube by tying a silk ligature over it at a point corresponding with the glass cylinder. Strips of sterilized gauze are used in packing the space between the tube and umbrella or mantle of gauze after the tube has been inserted into rectum.

Young's dilators for enlarging the rectal orifice are among the best known.

The Ross method of dilation has come into great favor. There is also the finger method. This consists of the physician inserting a finger, and stretching in the four directions that are possible.

ELECTRO THERAPY

The application of Electro Therapy to the human body for therapeutic effects is based on the theory of the human electro physiological mechanism. The human body cell is stated to have a proton, the nucleus and the electron or surrounding protoplasm. It is also stated that the nervous energy of the body is electrical, and subject to negative and positive controls.

The theory and the applications of electricity are immense, and to be fully understood would take a lifetime study, and then the question still remains, what is this force called "Electricity?"

But, the above is also true of all Nature's Forces. An ultimate knowledge is lacking. They are only known by their manifestations, and from these certain rules or laws have been formulated and by practical utilization of these laws it is possible not only to regulate and measure the currents, but also have available from a single source several currents having different properties.

Electricity has a very distinct and rather wide field of usefulness as a therapeutic agent, but one which can be successfully utilized only when its properties, physical as well as physiological, are well understood. Although the limits of this chapter prohibit a detailed presentation of the subject of electrophysics, certain fundamental considerations of this phase of the subject are required. Since no schools of the healing arts, medical or otherwise, have given any courses of study adequate to a clear understanding of the subject, the physician must depend on the manufacturer for the data on construction of his treating machine and the types of current used for therapeutic purposes.

Too many physicians are buying expensive electrical apparatus without a full conception of the potentialities and as a result, are often at a loss what the machine can do and cannot do. Sometimes claims are made that are gross exaggerations, and the word "quack" is applied to all users of that particular type of machine. Sometimes salesmen have misled the physician in their eagerness to make sales and fill the physician with a false enthusiasm. The field of Electrotherapeutics has been so well explored, there is no excuse now for anyone to be led astray, if he will but insist that he be shown proof of possibilities, and have answered all doubtful questions truthfully.

Within certain limits, the value of radiant light, Ultra irradiation, Sine waves, Chromotherapy, Galvanic, Diathermy, Short Wave and some forms of electronics have been established by long usage. For good reading on this subject the reader is referred to Johnson's Principles and Practice of Drugless Therapeutics.

In the treatments following, whenever, Electrotherapeutics are indicated the types will be selected from those that have been established from long experience.

MANIPULATIVE MINOR, SURGERY

Joshua Lake, N.D., D. O., Professor of Minor Surgery in the American College of Neuropathy, called the attention of the writer to this form of therapy in 1916.

He used it as a part of the Neuropathic Traction Treatment. His method of discovering adhesions was patterned after Lyons who claimed that if an adhesion existed between two organs, and the stethoscope was placed over one organ and the tuning fork over the other, that the vibrations

could be heard very distinctly even very tympanitic. If no adhesion existed, the vibrations were not of a distinct and clear nature. Lake not only used this method, but also claimed, that by massing the muscles of the abdomen, adhesions, and small masses of congestions could be felt with the fingers. It was the writer's good fortune in his student days to spend many hours with Dr. Lake in his office and to be able to ascertain by experience the truth of his claim.

As the years have gone by, there have been many exponents of this type of therapy, and there is much confusion. Among its exponents as to who originated it, and whose techniques are the best, please refer back to our conception of "Originality" found on Page 1 of this Second Book. This confusion has kept this specialty from approaching any degree of standardization and general acceptance, and in many cases led to ill will among many practitioners. This is unfortunate for the profession as a whole, because in the rivalry of the factions many claims as to the effectiveness of the techniques have been made that have not, or cannot be validated under the present conditions. Lake confined this technique to the minor surgery of breaking adhesions for better functioning of the viscera, the raising of the abdominal ptosis, the replacement of soft hernias and soft lumpy congestions, and the kneading of granulation tissue in the joints. (Dr. Joshua Lake is in no way related to the writer.) It is in that sphere we will confine the indicated treatments in the following pages. Since the writer was first taught the above techniques, there has come to his attention manipulative surgeries with the following names: Bloodless Surgery, Finger Bloodless Surgery, Manipulative Bloodless Surgery and Conservative Bloodless Surgery. In our travels throughout the Country, we can say, no other form of therapy has created so much doubt as this one. It should not be thus. This is a good therapy and if some uniformity could be attained it would be universally accepted and practiced.

The first doubt arises from the word "Bloodless." It is doubtful if tissue within or without can be broken, or an operation actually performed without an extravasation within or without the body of blood, and a consequent hyperemia of some duration on the periphery over the area of operation.

There is much doubt in all sections of the Country to some claims that hard uterine fibroids as big as a cocoanut or a watermelon have been made to slough off, or fall away and be gone forever, without any toxemia appearing. If there is any validity to these claims, they need to be verified by an impartial group of physicians who can study a number of cases preoperative and postoperative -- preoperative observation and examination and postoperative observation and examination for at least two months. Tumors of this nature are easily identifiable, as one physician put it, "You can feel 'em when they are, and you can't feel 'em when they ain't no more." These doubts should be dispelled, because this form of treatment is of great value and the doubts keep many physicians in such a state of prejudice they will not even look into the matter. Testimonials by patients are not a sufficient guide to men of scientific leanings. It is to be deplored that this form of therapy passed from the minor to the major stage without the

appraisement of an impartial group, so that physicians in general would actually know what cases to accept with prospects of good results, and not delay too long before consultation with a major Surgeon. We have seen cases where delay has been fruitful of some serious results.

ANESTHESIA

Is that part of practice whereby there is produced a local partial or a complete relaxation of the patient, for the purpose of performing some special manipulations. It can also be used for sedation of hysterical patients apart from manipulative minor surgery. There are several methods used. The uses of lights and goggles are on the same principle of concentration, relaxation and soothing. Some use a blinker or flickering light. Others, a steady light. There are various ways that lights and goggles can be used for relaxation in any special work the physician wishes to do. One is to have a blue light about four feet above and a little in front of the patient's head, and then have the patient look into the light until there is a drowsiness. The other is to have the blue light overhead, and a pair of adjustable goggles on the eyes of the patient with blue lenses about one-quarter inch thick. Allow to look in the light for ten minutes then insert a red lens over the left eye, and allow to remain five minutes. This will produce relaxation enough for the manipulation.

Another method is by pressing gently over the carotid sinus until some of the tissues of the brain are deprived of a certain amount of blood, and a state of relaxation is induced. Another method is to cuff the fingers under the ridge of the occipital bones and press gently upward for five minutes, then to hold the thumb and forefinger with very light pressure over the fronto nasal suture. Spondylotherapy over the whole spine for ten minutes is an excellent method.

HYDROTHERAPY

Hydrotherapy is defined as the scientific application of water in various temperatures to the body for curative effects of the bodily ills.

Cold is a depressant to functional activity, while heat is a stimulant to functional activity. Increased temperatures mean increased metabolism by increasing cell life and growth. Cold is the reverse.

Neutral baths or alternate applications of hot and cold do not change the temperature, but favor elimination and bring about nutritive changes. The same action can be obtained from heat as can be obtained from cold, but the degree of heat would be so high that it would cause destruction of the skin. Hence the use of cold.

To every action there is a reaction. With hydrotherapy it is possible to prolong the action or reaction. This is a direct method of treatment, easy of application, and quick, favorable results can be obtained with little discomfort.

Much of the old-time techniques of hydrotherapy have been discarded by the development of diathermy and short wave. But there is still a large field of usefulness for some of the techniques. Not many physicians outside of sanitariums make much use of hydrotherapy in their offices. But there is a large field of usefulness for it, in the home by the patient himself under the instruction of the physician, and it is this phase of it that we will lay the emphasis on here.

The terminology of the effects of hydrotherapy is divided into five main divisions:

- (1) Sedatives, which have the effect of relaxing the patient.
- (2) The Anodynes. Heat here is regarded as the great pain reliever in most cases.
- (3) Antipyretics. The reduction of fever, by the cold sponge bath, cold spray bath, ice compresses, etc.
- (4) Eliminants. To stimulate the excretion of perspiration, also toxins, from the body. These may consist of the cold wet sheet pack, the hot blanket pack, electro cabinet bath, colonic irrigations and gastric lavage.
- (5) Stimulants. To quicken circulation of the blood. This may consist of wet mitten friction, wet hand friction, and manipulation. The salt glow rub, body shampoo, soap applied with friction.
- (6) Douches are a part of the stimulative procedure for tonic effects. These may consist of needle spray or circular douche or jet douche, whirlpool baths, the hose bath.

So much for the principles of hydrotherapy. To give all the outline of techniques here would require a large book in itself. Whenever a disease is encountered that requires any of the above hydrotherapy principles, the outline of procedure will be given.

NATUROPATHY

Many times this writer has tried to find a definition that would put into a short sentence a survey of what the Naturopath stands for. But each attempt has only resulted in a long drawn out list of things it doesn't mean, or a long list of what it does mean.

The earliest recorded one is found as follows: "A misnomer, literally meaning nature disease, but accepted to mean cure of disease through natural methods. It recognizes as the cause of disease interference with natural law and natural operation and as the cure the removal of obstruction and the elimination of the cause by natural healing reactions. In the process of cure, it makes use of

all systems and methods that are in agreement with natural law and physiological operations. Its system of hygiene and prophylaxis is based on natural living and clean, wholesome habits of body and mind.” -- From the Naturopathic Directory.

James Montgomery Irving, M.D., N.D., writing in the Naturopathic Directory, page 793, states that “The term Naturopathy covers everything.” This was the early concept and from reading of bills introduced into Legislatures this is still the concept today.

Naturopathy is the oldest of the healing arts and the hardest to define. Recently some new efforts at definition have been made and two are given below. Early American Manual Therapy

The first appeared in The Maryland Naturopathic Digest, issue of February 1946. It is written by Henry Krause, N.D.:

“Naturopathy may be defined as a science, philosophy and practice, following definite physical, chemical, biological and mental laws for the restoration and maintenance of health and for the correction of bodily disorders, without the use of drugs and surgery. Naturopathy is known to be a distinct system of the healing art--not a fad, cult or cure-all, as some people may imagine. The naturopathic practitioner must be capable and willing, to serve his patients as a personal counsellor, he must have analytical insight and intelligent sympathy.”

The second is quoted from The Naturopathic Journal of Texas, issue of February 1946:

“Naturopathy is a therapeutic system embracing a complete physianthropy employing Nature’s agencies, forces, processes and products, except major surgery.”

The writer was Dean of the Philadelphia College of Neuropathy and Naturopathy from 1922 to 1938 when the college became a Post Graduate Institution and is now Dean of the Post Graduate School. For teaching purposes it was necessary to have a starting point in the form of a brief definition, and the writer coined the following:

“Naturopathy is a science of the healing art, eclectic in practice, by which abnormal conditions of the human body are restored to normal through selection of the healing agencies that are fundamental to nature.”

Twenty years ago that definition was submitted to a group of older Naturopaths but the discussion went on and on until every one was tired out and went home without making a decision of any kind.

Naturopathy can be called “The Mother” of all the healing arts. Surely it deserves a better

dressing up, by definition, philosophy and practice than it has received in the past. However, because Naturopathy is eclectic and selective the Naturopath should find this book helpful.

CHIROPRACTIC

Chiropractic. Literally, “done by the hand.” A system of spinal adjustment. Treatment applied to the spinal column or special vertebrae thereof for the purpose of restoring normal position to malimposed vertebrae, the theory of such practice being that subluxations or malpositions of vertebrae cause disease manifestations through pressure on the spinal nerves.

Chiropractic has gone far beyond the original concept, for the majority have added most if not all of the methods and modalities of other professions. X-ray-physiotherapy in all of its forms, hydrotherapy, vitaminotherapy, etc. This is all to the credit of Chiropractic, for it reflects a serious research for the greater usefulness of the profession.

[for complete text of books 1 & 2, go to: <http://www.meridianinstitute.com/eamt/files/lake/lakech7.html>]